Abstract

Nature and project scope: The SSKIN Bundle assessment tool was developed to help critical care staff achieve reliability in evaluating and documenting risk assessments, ensuring all patients receive the most appropriate care and documenting deviations from best practice. The prolonged immobility and long-term pressure on bony prominences increase the risk of a pressure injury. This project aims to bring to trial an evidence-based pressure ulcer prevention protocol (SSKIN) for all staff providing care for patients at a long-term care facility.

Synthesis and supportive literature analysis: The built-in preventative mechanism of the SSKIN care bundle is particularly essential among at-risk populations and is strongly needed primarily for the elderly with decreased mobility and could help reduce the rate of PIs in nursing homes. Implementing the five components of the SSKIN care bundle can help high-risk patients effectively prevent pressure injury by identifying and controlling risk factors (Santy & Limbert, 2020).

Local Problem: In 2012, 1.35 million people lived in nursing homes in the United States with many residents confined to their beds either because of their inability to move or due to cognitive impairments. The prolonged immobility and long-term pressure on bony prominences increase the risk of a pressure injury, PI, (Stone, 2020). This often results from the patient's movement, the nurse's movement of the patient or bed, which harms the skin or subcutaneous soft tissue (Stone, 2020). Over 11% of long-term care residents in the United States develop a PI during their stay, with prevalence rates as high as 20% (Stone, 2020). The cost of treating PIs in nursing homes ranges from $20, 900 to $151,700 per patient, with the annual cost of treating such injuries in American nursing homes amounting to $3.3 billion (Stone, 2020).

Project implementation: Implement an evidence-based pressure ulcer prevention protocol for all staff providing care for patients over 8 weeks within a skilled nursing facility to decrease pressure injury rates and improve wound care. The implementation included an assessment of pre-implementation data, which was mandatory for all nursing staff educational training. Pre-implementation data for pressure injury prevention was pulled directly from the facility's electronic medical records (EMR) by the wound nurse and nursing director of nursing. Pre-implementation surveys were given to the nursing staff to assess their understanding of pressure injury prevention using the Pieper-Zulkowski Pressure Ulcer Knowledge survey. The staff will complete mandatory educational training in small groups, and PowerPoint presentations will be presented to the nursing staff.

Evaluation criteria: Pre-tool surveys were given to participants to determine barriers, occurrence rates, and any current policies of pressure ulcer prevention counseling in their practice. Post-tool surveys were given to evaluate the staff opinion on the interaction of the SSKIN bundle feasibility to improving

Outcomes: Pressure ulcer development can be prevented with proper staff training.

The SSKIN bundle was introduced to a long-term care facility. 10 nurses participated in the study. 20% of participants passed the pre-test. After implementation, 80% passed the post-test. Participants are fully equipped with the SSKIN bundle and have the tools to reduce PI.

Recommendations: The development of a future QI project utilizing the SSKIN bundle in long-term-care settings can help prevent or reduce pressure injuries among people aged 65 and older.